



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Part III Tax Computation

Table with 2 columns: Description and Line Number. Rows include Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 2 columns: Description and Line Number. Rows include Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded (49).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Questions 1-3 regarding foreign interest, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 2 columns: Description and Amount. Rows include Inventory at beginning of year (1), Purchases (2), Cost of labor (3), Additional section 263A costs (4a-4b), Inventory at end of year (6), Cost of goods sold (7), and Do the rules of section 263A apply (8).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer, Date (4/4/13), Title (VP Finance & Admin). Includes a box for 'May the IRS discuss this return with the preparer shown below'.

Paid Preparer Use Only: Print/Type preparer's name (KPMG LLP), Preparer's signature, Date (4/1/13), Firm's name, Firm's address (515 BROADWAY, 4TH FLOOR), Firm's EIN (13-5565207), and Phone no (860-297-5596).

ALBANY, NY 12207-2974

Form 990-T (2011)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property

(1) MAAC - ATHLETIC CENTER

(2)
(3)
(4)

2. Rent received or accrued

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| | 15,211. | ATTACHMENT 5 11,815. |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | Total 15,211. | |

(c) Total income. Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) ▶

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 11,815.

Schedule E - Unrelated Debt-Financed Income (see instructions)

| 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | | |
|---|---|--|---|---|
| | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals ▶ | | | Enter here and on page 1, Part I, line 7, column (A). | Enter here and on page 1, Part I, line 7, column (B). |
| Total dividends-received deductions included in column 8 ▶ | | | | |

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|---|---|--|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Totals ▶ | | | Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) | Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B) | |

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Includes a Totals row.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected, 4. Net income (loss), 5. Gross income from activity, 6. Expenses attributable, 7. Excess exempt expenses. Includes a Totals row.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Includes a Totals row.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Includes a Totals row.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percent of time devoted to business, 4. Compensation attributable to unrelated business. Includes a Total row.

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

| | |
|-------------------------------------|----------------|
| INCOME FROM INTEREST IN PARTNERSHIP | -1,544. |
| INCOME (LOSS) FROM PARTNERSHIPS | <u>-1,544.</u> |

ATTACHMENT 2

PART I - LINE 12 - OTHER INCOME

SIENA RESEARCH INSTITUTE

397,324.

PART I - LINE 12 - OTHER INCOME

397,324.

ATTACHMENT 3FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

| | |
|------------------------|----------|
| OTHER EXPENSES | 8,843. |
| AD COMMISSIONS | 137,931. |
| SRI OPERATING EXPENSES | 208,379. |
| ACCOUNTING FEES | 24,600. |

PART II - LINE 28 - OTHER DEDUCTIONS

379,753.

FORM 990T - ORGANIZATIONS TAXABLE AS CORPORATIONS - TAX COMPUTATION

| | | |
|----|---|-----------|
| 1 | TAXABLE INCOME FROM LINE 34, PAGE 1, 990-T | -186,942. |
| 2 | LINE 1 OR THE CORPORATION'S SHARE OF THE \$50,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS | -186,942. |
| 3 | SUBTRACT LINE 2 FROM LINE 1 | |
| 4 | LINE 3 OR THE CORPORATION'S SHARE OF THE \$25,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS | |
| 5 | SUBTRACT LINE 4 FROM LINE 3 | |
| 6 | LINE 5 OR THE CORPORATION'S SHARE OF THE \$9,925,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS | |
| 7 | SUBTRACT LINE 6 FROM LINE 5 | |
| 8 | ENTER 15% OF LINE 2 | |
| 9 | ENTER 25% OF LINE 4 | |
| 10 | ENTER 34% OF LINE 6 | |
| 11 | ENTER 35% OF LINE 7 | |
| 12 | MEMBER'S SHARE OF ADDITIONAL TAX: (A) 5% OF THE EXCESS OVER \$100,000 OR (B) \$11,750 | |
| 13 | MEMBER'S SHARE OF ADDITONAL TAX: (A) 3% OF THE EXCESS OVER \$15 MILLION OR (B) \$100,000 | |
| 14 | TOTAL OF LINES 8 THROUGH 13. ENTER THIS AMOUNT ON LINE 35C, PAGE 2, 990-T | |

SCHEDULE C - RENT INCOME DEDUCTIONSATTACHMENT 5MAAC - ATHLETIC CENTER

| | |
|--------------|----------------|
| SODEXO | 9,748. |
| DEPRECIATION | 2,067. |
| TOTAL | <u>11,815.</u> |

ATTACHMENT 6SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

| <u>NAME AND ADDRESS</u> | <u>TITLE</u> | <u>BUSINESS PERCENT</u> | <u>COMPENSATION</u> |
|--|--------------|-----------------------------|---------------------|
| RONALD E BJORKLUND ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| J DAVID BROWN ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| ROBERT F CAMPBELL ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| JUDY CAPANO MICHAELSON ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| BR F EDWARD COUGHLIN OFM ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| ROBERT M CURLEY ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| ROBERT T CUSHING ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| SUSAN LAW DAKE ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| SCOTT C DONNELLY | TRUSTEE | 0 | 0 |
| HOWARD S FOOTE ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |

ATTACHMENT 6 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

| <u>NAME AND ADDRESS</u> | <u>TITLE</u> | <u>BUSINESS PERCENT</u> | <u>COMPENSATION</u> |
|---|--------------|-----------------------------|---------------------|
| SHARI GOLUB-SCHILLINGER | TRUSTEE | 0 | 0 |
| SR VIOLET T GRENNAN ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| ROBERT L GUIDO ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| REV KENNETH R HIMES OFM ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| PAMELA MCCARTHY ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| ROBERT J MCCORMICK ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| JAMES J MORRELL ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| VERY REV KEVIN J MULLEN OFM ROUTE 9 LOUDONVILLE, NY 12211 | PRESIDENT | 0 | 0 |
| JOHN F MURRAY ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| JOHN J NIGRO ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |

ATTACHMENT 6 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

| <u>NAME AND ADDRESS</u> | <u>TITLE</u> | <u>BUSINESS PERCENT</u> | <u>COMPENSATION</u> |
|--|-------------------------------|-----------------------------|---------------------|
| VERY REV JOHN F O CONNOR OFM ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| WALTER A OSTERMAN ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| MARK S ROSE ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| REV JAMES P SCULLION OFM ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| DAVID M STACK ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| CHRISTINE L STANDISH ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| NIMMI M TRAPASSO MD ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| DENNIS L WINGER ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| DAVID SMITH ROUTE 9 LOUDONVILLE, NY 12211 | VP DEVELOPMENT & EXT. AFFAIRS | 0 | 0 |
| LINDA RICHARDSON ROUTE 9 LOUDONVILLE, NY 12211 | VP ACADEMIC AFFAIRS | 0 | 0 |

ATTACHMENT 6 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

| <u>NAME AND ADDRESS</u> | <u>TITLE</u> | <u>BUSINESS PERCENT</u> | <u>COMPENSATION</u> |
|---|-----------------------------|-----------------------------|---------------------|
| PAUL STEC ROUTE 9 LOUDONVILLE, NY 12211 | VP FINANCE & ADMINISTRATION | 0 | 0 |
| MARYELLEN GILROY ROUTE 9 LOUDONVILLE, NY 12211 | VP STUDENT AFFAIRS | 0 | 0 |
| GINA CASTELLI ROUTE 9 LOUDONVILLE, NY 12211 | HEAD BASKETBALL COACH | 0 | 0 |
| MICHAEL BUONAGURO ROUTE 9 LOUDONVILLE, NY 12211 | HEAD BASKETBALL COACH | 0 | 0 |
| JEFFREY MELLO ROUTE 9 LOUDONVILLE, NY 12211 | DEAN SCHOOL OF BUSINESS | 0 | 0 |
| ERIC GIRARD ROUTE 9 LOUDONVILLE, NY 12211 | PROFESSOR OF FINANCE | 0 | 0 |
| ALLAN WEATHERWAX ROUTE 9 LOUDONVILLE, NY 12211 | DEAN SCHOOL OF SCIENCE | 0 | 0 |
| THOMAS L. AMELL ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| VIOLET T. GRENNAN ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| DOUGLAS T. HICKEY ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |

ATTACHMENT 6 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

| <u>NAME AND ADDRESS</u> | <u>TITLE</u> | <u>BUSINESS PERCENT</u> | <u>COMPENSATION</u> |
|--|--------------------------|-----------------------------|---------------------|
| SONYA S. VANBORTEL ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| EDWARD JONES ROUTE 9 LOUDONVILLE, NY 12211 | VP ENROLLMENT MANAGEMENT | 0 | 0 |
| MICHAEL BUCCI ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| VIRGINIA L DARROW ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| KENNETH M RAYMOND JR ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| WILLIAM E REDMOND JR ROUTE 9 LOUDONVILLE, NY 12211 | TRUSTEE | 0 | 0 |
| TOTAL COMPENSATION | | | <u>0</u> |

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ See separate instructions.

OMB No 1545-0123

2011

| | |
|------------------------------|---|
| Name SIENA COLLEGE | Employer identification number 14-1338498 |
|------------------------------|---|

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

| (a) Description of property (Example 100 shares of Z Co.) | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Sales price (see instructions) | (e) Cost or other basis (see instructions) | (f) Gain or (loss) (Subtract (e) from (d)) |
|--|--------------------------------------|----------------------------------|---------------------------------------|---|---|
| 1 | | | | | |
| ATTACHMENT 1 | | | 104. | | 104. |
| | | | | | |
| | | | | | |
| | | | | | |

| | | |
|--|---|------|
| 2 Short-term capital gain from installment sales from Form 6252, line 26 or 37 | 2 | |
| 3 Short-term gain or (loss) from like-kind exchanges from Form 8824 | 3 | |
| 4 Unused capital loss carryover (attach computation) | 4 | () |
| 5 Net short-term capital gain or (loss) Combine lines 1 through 4 | 5 | 104. |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

| (a) Description of property | (b) Date acquired | (c) Date sold | (d) Sales price | (e) Cost or other basis | (f) Gain or (loss) |
|-----------------------------|-------------------|---------------|-----------------|-------------------------|--------------------|
| 6 | | | | | |
| ATTACHMENT 2 | | | 907. | | 907. |
| | | | | | |
| | | | | | |

| | | |
|---|----|------|
| 7 Enter gain from Form 4797, line 7 or 9 | 7 | 18. |
| 8 Long-term capital gain from installment sales from Form 6252, line 26 or 37 | 8 | |
| 9 Long-term gain or (loss) from like-kind exchanges from Form 8824 | 9 | |
| 10 Capital gain distributions (see instructions) | 10 | |
| 11 Net long-term capital gain or (loss) Combine lines 6 through 10 | 11 | 925. |

Part III Summary of Parts I and II

| | | |
|---|----|--------|
| 12 Enter excess of net short-term capital gain (line 5) over net long-term capital loss (line 11). | 12 | 104. |
| 13 Net capital gain Enter excess of net long-term capital gain (line 11) over net short-term capital loss (line 5). | 13 | 925. |
| 14 Add lines 12 and 13. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns | 14 | 1,029. |

Note. If losses exceed gains, see **Capital losses** in the instructions.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | | |
|---|---|---|---|
| Type or print <small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization or other filer, see instructions | <small>Enter filer's identifying number, see instructions</small> | |
| | SIENA COLLEGE | <input checked="" type="checkbox"/> | Employer identification number (EIN) or 14-1338498 |
| | Number, street, and room or suite no. If a PO box, see instructions | <input type="checkbox"/> | Social security number (SSN) |
| | ROUTE 9 | | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions | | |
| | LOUDONVILLE, NY 12211 | | |

Enter the Return code for the return that this application is for (file a separate application for each return) 0 7

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 01 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of ▶ PAUL STEC

Telephone No. ▶ 518-783-2300 FAX No ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 04/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ____ or

▶ tax year beginning 06/01, 20 11, and ending 05/31, 20 12.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | | |
|--|-----------|----|-----------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 3,000.00 |
| 3b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 31,000.00 |
| 3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | NONE |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.